



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
**APPLICATION FOR BUSINESS
LOCAL OPTION PERMIT**

ABL-29
(Rev. 1/2/14)
4250

Mail to: SCDOR, ABL Section, Columbia, SC 29214-0910

Telephone: (803) 898-5864

DOR Website: www.sctax.org

For Office Use Only

► File Number _____

► Period Covered _____

Important Information: You may also apply for this permit in person at the SC Department of Revenue, 300A Outlet Pointe Blvd., Columbia, SC or at our Taxpayer Service Centers located in: Charleston - 2 Southpark Circle, Suite 100; Florence - 1452 West Evans St; Greenville - 545 N. Pleasantburg Dr, Suite 300; Rock Hill - Business and Technology Center, 454 S Anderson Rd, Suite 202. **Taxpayer Service Centers will not** accept mailed applications.

PLEASE TYPE OR PRINT:

1. Name _____ Title _____

2. Type of business () Hotel/Motel () Restaurant

3. Business name _____

4. Business address _____
Street number/name, rural route

City _____ County _____ Zip Code _____

5. **Federal ID Number** _____ or **SSN** (if sole proprietor) _____ - _____ - _____

6. **Retail License number** _____ **Telephone number** _____

Date(s) permit being applied for:

(Sunday by Sunday Only) Duration: One Sunday **Fee:** \$200.00

MONTH/YEAR	SUNDAY DATE					FEES DUE
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	_____	\$ _____

Total fees due for all dates ► \$ _____

(Annual Only) Duration: 52 weeks **Fee:** \$3,050.00 (subject to proration if biennial license expires before 52 weeks)

MONTH/YEAR	SUNDAY DATE	FEES DUE
Beginning _____	_____	Total fees due for all dates ► \$ _____
Ending _____	_____	

* For Guidelines and Instructions on completing this form please see attached "Guidelines and Instructions"

I certify by my signature below that a permanent liquor by the drink license has been issued at the address shown in item four above. I understand if a violation of any alcoholic beverage laws or regulations occurs during the period covered by the local option permit, that I and/or the organization may be charged and if found guilty, that all permanent licenses/permits and unexpired local option permits may be suspended or revoked and all permit fees forfeited.

Applicant Signature (Officer or Principal Agent)

Guidelines and Instructions

A. Applicable Laws and Regulations:

Section 61-6-2010 SC Code of Laws, 1976. ABL Regulation 7-400. The SC Code of Laws and Regulations can be accessed over the web at <http://www.sctax.org>, <http://www.myscgov.com> or at your local library.

B. Effect of permit:

A local option permit applies only to food establishments, which hold a permanent liquor by the drink license and a permanent beer/wine permit. This permit allows the food establishment to operate and to possess, sell, and consume alcoholic liquors, beer, and wine during otherwise restricted hours. Pursuant to S.C. Code 61-6-2010, this permit will be valid each Sunday morning 12:00 a.m. - 2:00 a.m. and 10:00 a.m. - 12:00 a.m. A temporary permit is only valid for the premises covered by the permanent license(s). A permit is not valid until approved by the Department of Revenue and posted with the permanent license in the business. Business establishments may continue to operate from 12:01a.m. Monday morning until 2:00 a.m. under their permanent liquor by the drink license and beer and wine permit.

C. Qualifications:

A business must hold a valid permanent liquor by the drink license to be eligible for a Sunday Local Option Permit and be located in a county or municipality which has passed a referendum authorizing the issuance of temporary permits within the county/city limits.

D. Application and fees:

An application must be filed for permit(s) requested. A nonrefundable daily filing fee of \$100.00 and a permit fee of \$100.00 must be paid for each Sunday permit. The permit fee will be refunded if an application is denied.

E. Instructions for completing the application form:

The person or entity applying must **hold a permanent liquor by the drink license at the location**. Complete questions 1-6. Fill out the table by listing the Sunday dates for which you are applying. Total fees under Fees Due at the end of each row. (\$200.00 for EACH permit). Then, total all fees and place amount in Total due for ALL dates.

Example: If you would like to apply for local option permits for the last three Sundays in July and the first two Sundays in August, you would complete the table as follows:

Date(s) permit being applied for:

MONTH/YEAR	SUNDAY DATE					FEES DUE
July 2003	7-13	7-20	7-27			\$ 600
August 2003	8-3	8-10				\$ 400
Total fees due for all dates ►						\$ 1000

The annual 52 week permit will not extend beyond the expiration date of the biennial license. If the expiration date is less than the 52 weeks from the date of application for the local option permit then the Department of Revenue will prorate the \$3050.00 fee on a monthly basis of \$250.00 per month; plus a \$50.00 SLED fee per application. See S.C. Code Section 61-6-2010(A).

Example: If you have:

1 month left on your current liquor by the drink license; the license fee is \$250.00 plus a \$50.00 SLED fee, a total cost of \$300.00.

2 months; the license fee is \$500.00 plus a \$50.00 SLED fee, a total of \$550.00.

3 months; the license fee is \$750.00 plus a \$50.00 SLED fee, a total of \$800.00.

- F. The person applying must **hold a permanent liquor by the drink license at the location applied for**. If applying for a corporation, the application must be signed by an officer. If the business is owned by a partnership, only one partner may sign the application. If the business is a sole proprietor, the owner must sign. Fill in the fee amount. Place total fee(s) submitted in appropriate column. Enclose a check made payable to the Department of Revenue in the amount shown under the total column on the application.

G. EFFECTIVE JULY 1, 2008: Must attach completed appropriate residency status verification affidavit. Use Verification of Lawful Presence in the United States -- Applicant and Principals (ABL-920) for each principal. Each principal, officer, owner, member and/or partner **MUST** sign the form. If applicable, include his/her non-citizen alien registration number and attach a copy of all appropriate immigration documents.

Important Information: You may also apply for this permit in person at one of the SC Department of Revenue Taxpayer Service Centers indicated below.

Taxpayer Service Centers

Columbia Main Office:	300A Outlet Pointe Blvd. P.O. Box 125 Columbia, SC 29214 Phone: 803-898-5000 Fax: 803-896-0132	Greenville Service Center:	545 N. Pleasantburg Dr. Suite 300 Greenville, SC 29607 Phone: 864-241-1200 Fax: 864-232-5008
Charleston Service Center:	Two South Park Circle Suite 100 Charleston, SC 29407 Phone: 843-852-3600 Fax: 843-556-1780	Myrtle Beach Office:	1330 Howard Parkway Myrtle Beach, SC 29577 Phone: 843-839-2960 Fax: 843-839-2964
Florence Service Center:	1452 West Evans Street P.O. Box 5418 Florence, SC 29502 Phone: 843-661-4850 Fax: 843-662-4876	Rock Hill Service Center:	Business and Technology Center 454 South Anderson Road Suite 202 P.O. Box 12099 Rock Hill, SC 29731 Phone: 803-324-7641 Fax: 803-324-8289



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
**VERIFICATION OF LAWFUL PRESENCE IN THE
UNITED STATES -- APPLICANT AND PRINCIPALS**

ABL-920
(Rev. 5/13/13)
4382

STATE OF _____)
COUNTY OF _____)

FOR INTERNAL USE ONLY

Case Verification Number _____
Result _____

Pursuant to the provisions of S.C. Code Ann. Section 8-29-10, et seq. of the South Carolina Illegal Immigration Reform Act and Title 61 of South Carolina Code Ann. Sections, every principal that is an individual must submit the following information:

The undersigned _____ of _____,
(Print clearly First, Middle and Last name) (Home Address)

_____ being first duly sworn deposes and states as follows:
(City, State and Zip Code)

Name Change/ Alias: ☐ Yes ☐ No If yes, please list: _____

Check ONLY One Box: See reverse side for Instructions, Definitions, and Accepted Documents.

- ☐ I am a **United States Citizen** eighteen years of age or older.
- ☐ I am a **Legal Permanent Resident** eighteen years of age or older.
- ☐ I am a **Qualified Alien** under the Federal Immigration and Nationality Act, Public Law 82-44, eighteen years of age or older, and lawfully present in the United States.
- ☐ I am a **Foreign Citizen**, and resident of _____
(Country of Residency)
and reside at _____,
(Street Address) (City, State, and Zip Code)
- ☐ Other (**Explain**): _____

Date of Birth

Alien Registration Number

(MUST ATTACH COPY OF IMMIGRATION DOCUMENTS)

I UNDERSTAND AND ACKNOWLEDGE that any person who fails to execute this Affidavit will automatically be denied the license to which it applies; and further, that the representations made in this Affidavit shall apply throughout any license(s) or renewals issued; and further, that I shall have an affirmative duty to immediately advise the Department of Revenue in any change of my immigration or citizenship status. I, hereby, also understand and acknowledge that a person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit executed pursuant to *South Carolina Code Section 8-29-10* entitled *Verification of Lawful Presence* shall in addition to other sanctions imposed by this state or the United States, be guilty of a felony and upon conviction must be fined and/or imprisoned for not more than 5 years (or both).

Under penalty of perjury and recognizing that I am subject to the criminal and civil penalties imposed by Title 12, of the South Carolina Code of Laws, I declare that I have examined this Affidavit and to the best of my knowledge and belief, it is true, correct and complete.

Signature of Affiant

SWORN to and subscribed before me this

_____ day of _____, year of _____

Notary Public for _____

My Commission Expires: _____

Notary (L.S.) _____

Notary (printed name) _____

REQUIRED: Fill out completely.

License Number: _____

Business Name: _____

Contact Person: _____
(Name)

Contact Person Phone Number: (____) _____

Check box 1 –

If you are a **US Citizen** by birth or naturalization.

Check box 2 –

If you are a **legal permanent resident** and you are not a US citizen, but are residing in the US under legally recognized and lawfully recorded permanent residence as an immigrant.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

Check box 3 –

If you are a **qualified alien**. You are a qualified alien if you are:

- an alien who is lawfully admitted for permanent residence under the INA;
- an alien who is granted asylum under Section 208 of the INA;
- a refugee who is admitted to the United States under Section 207 of the INA;
- an alien who is paroled into the United States under Section 212(d)(5) of the INA for a period of at least 1 year;
- an alien whose deportation is being withheld under Section 243(h) of the INA (as in effect prior to April 1, 1997) or whose removal has been withheld under Section 241(b)(3);
- an alien who is granted conditional entry pursuant to Section 203(a)(7) of the INA as in effect prior to April 1, 1980;
- an alien who is a Cuban/Haitian Entrant as defined by Section 501(e) of the Refugee Education Assistance Act of 1980;
- an alien who has been battered or subjected to extreme cruelty, or whose child or parent has been battered or subject to extreme cruelty.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

Check box 4 –

If you are a non immigrant and you are an alien who seeks temporary entry to the US for a specific purpose. The alien must have a permanent residence abroad (for most classes of admission) and qualify for the nonimmigrant classification sought. The nonimmigrant classifications include: foreign government officials, visitors for business and for pleasure, aliens in transit through the US, treaty traders and investors, students, international representatives, temporary workers and trainees, representatives of foreign information media, exchange visitors, fiancé(e)s of US citizens, intracompany transferees, NATO officials, religious workers, and some others. Most nonimmigrant can be accompanied or joined by spouses and unmarried minors (or dependent) children.

PROVIDE A COPY OF ALL IMMIGRATION DOCUMENTS.

Accepted Immigration documents:

Unexpired Foreign passport with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization
Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
Unexpired Temporary Resident Card (INS Form I-688)
Unexpired Employment Authorization Card (INS Form I-688)
Unexpired Reentry Permit (INS Form I-327)
Unexpired Refugee Travel Document (INS Form I-571)
Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-688B)